

1247

A. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA TERRITORIAL BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS.				CERTIFICATE OF BIRTH.			
County of <u>Cochise</u>				Register No. <u>315</u>			
District of <u>Douglas</u>				Ter. Index No. <u>46</u>			
Town of _____				St.; _____ Ward)			
City of <u>Douglas</u>				(No. <u>750</u> - <u>12</u>)			
FULL NAME OF CHILD _____							
If child is not named, make Supplemental report on blank obtainable from local registrar.							
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legit. mate? <u>Yes</u>	Date of Birth <u>June 18</u>	19 <u>10</u>	
Full Name <u>Thomas Allen Dally</u>				Full Maiden Name <u>Maud Agnes Mauston</u>			
Residence <u>Douglas Ariz</u>				Residence <u>Douglas Ariz</u>			
Color or Race <u>White</u>	Age at last Birthday <u>36</u>	(Years)		Color or Race <u>White</u>	Age at last Birthday <u>35</u>	(Years)	
Birthplace <u>Pa.</u>				Birthplace <u>Mass</u>			
Occupation <u>Insurance agent</u>				Occupation _____			
Number of child of this mother <u>6</u>		Number of children, of this mother, now living <u>4</u>		Were precautions taken against Ophthalmia neonatorum? _____			

JUL 18 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 18, 1910, at 11 a.m.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) Frederick Wright
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19 _____

Address Douglas Ariz
H. R. Greene

048-618-145
COUNTY REGISTRAR.

Filed July 9 1910
A. R. Hickman
LOCAL REGISTRAR.
COUNTY REGISTRAR.